

2576

This certificate must be filed by the attending Physician the number of each, in order of birth, stated. This certificate must be filed by the attending Physician the number of each, in order of birth, stated. This certificate must be filed by the attending Physician the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 174	
County of <u>Hila</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar's No. 373
District of _____			Local Registrar's No. _____
Town of <u>Miami</u>			
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Clodia Yania</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>
		Legitimate? <u>yes</u>	Date of Birth <u>Oct 31</u> 19 <u>22</u>
			Month Day Yr.
FATHER		MOTHER	
Full Name <u>Francisco Yania</u>	Full Maiden Name <u>Josephina Machechi</u>		
Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>21</u> Years	
Birthplace <u>Sonora, Mexico</u>	Birthplace <u>Thomastown, Ariz.</u>	Occupation <u>Housewife</u>	
Occupation <u>Miner</u>	Occupation _____		
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct 31</u> 19 <u>22</u> at <u>11 P.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>April M. Crow M.D.</u>	
Given or Christian name added from a supplemental report _____ 191__		Address <u>Miami, Arizona</u>	
582-1031-149		D. W. Hardy by C. E. Davis	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>10/31/22</u> 191__		A True Copy	
Filed <u>11/6/22</u> 191__		COUNTY REGISTRAR.	